


2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Feb 03, 2006 08:00 AM
Secretary of State

DOCUMENT # N98000003090
 1. Entity Name
FIRST BAPTIST CHURCH OF CITRUS SPRINGS, INC.



Principal Place of Business Mailing Address
974 W.G. MARTINELLI BLVD **PO BOX 2450**
CITRUS SPEINGS, FL 34434 **DUNNELLON, FL 34430**



01242006 No Chg-NP CR2E037 (11/05)

4. FEI Number 59-3468993	Applied For <input type="checkbox"/>	Not Applicable <input checked="" type="checkbox"/>
5. Certificate of Status Desired <input type="checkbox"/>		\$8.75 Additional Fee Required

DO NOT WRITE IN THIS SPACE

6. Name and Address of Current Registered Agent
PEABODY, SHARON
1550 SW 144TH CT.
OCALA, FL 34481

DO NOT WRITE IN THIS SPACE

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ (NOTE: Registered Agent signature required when reinstating) DATE _____

Filing Fee is \$61.25
Due by May 1, 2006

9. Election Campaign Financing Trust Fund Contribution. **\$5.00** May Be Added to Fees

000000413059
 02/14/06-80031-013 61.25

10. OFFICERS AND DIRECTORS

TITLE NAME STREET ADDRESS CITY-ST-ZIP	PD HOLMES, BLAINE P 16654 S.W. 38TH STREET OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	VPD DODSON, PATRICIA 10248 N DEITONA BLVD. DUNNELLON, FL 34433
TITLE NAME STREET ADDRESS CITY-ST-ZIP	SD PEABODY, SHARON 1550 SW 144TH CT. OCALA, FL 34481
TITLE NAME STREET ADDRESS CITY-ST-ZIP	TD ROWE, BARBARA 5201 S.W. 176TH AVE. DUNNELLON, FL 34432
TITLE NAME STREET ADDRESS CITY-ST-ZIP	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	

DO NOT WRITE IN THIS SPACE

12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Sharon P. Peabody* Sharon P. Peabody 11/31/06 352-489-7515
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #